

# In The United States Court of Federal Claims

## Cover Sheet

Plaintiff(s) or Petitioner(s)

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If this is a multi-plaintiff case, pursuant to RCFC 20(a), please attach an alphabetized, numbered list of all plaintiffs.

Name of the attorney of record: [See RCFC 83.1(c)]

Firm Name:

Post Office Box:

Street Address:

City-State-Zip:

Telephone & Facsimile Numbers:

E-mail address:

Is the attorney of record admitted to the Court of Federal Claims Bar? \_\_\_\_\_

If **NO**, please call (202) 219-9630 for admission papers and instructions.

Nature of suit code:

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Select only one [three digit] nature of suit code from attached sheet and if numbers 118, 134, 226, 312, 356, or 528 are used, please explain.

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Government Agency Involved:

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See attached Sheet for three digit code.

Amount Claimed:

\$

If to be determined, put the phrase "to be determined" in Amount Claimed Space.

Vaccination Date: (Vaccine Cases Only)

If this is case related to any pending or previous case you are **required** to file a separate notice of related case(s). See RCFC 40.2

April 25, 2003